

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2		1					52								
3		1					53								
4		1					54								
5		1					55								
6		1					56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		4					61								
12		4					62								
13	1						63								
14		1					64								
15		1					65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
20		1					70								
21		1					71								
22		1					72								
23		4					73								
24		4					74								
25		4					75								
26		4					76								
27							77								
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38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2	1					TOTAL IND.								
TOTAL DEP.	44						TOTAL DEP.								
TOTAL CLAIMS	44						TOTAL CLAIMS								